January 1, 2022 through April 1, 2022

Pokagon Band Elders

SNOW REMOVAL REIMBURSEMENT APPLICATION FORM

Name:	Address:
City:	State& Zip Code:
Phone No:	Tribal ID:
THIRD PAR	TY SNOW REMOVAL SERVICE PROVIDER INFORMATION
Name:	Address:
City:	State & Zip Code:
Phone No:	Business Name:
provided to their residence	where in the U.S may be reimbursed for snow removal services e by third party service providers. The maximum reimbursement an e entire season is \$200 per household.
not be reimbursed if you for those residing at Phas	nding your own third party snow removal service provider. You will are the person who removed snow from your own driveway. Except ell (Rent to Own), those residing at Pokagon Band Housing are ent, as the Pokagon Band already provides snow removal.
you must include the invo receipts must be from the third party snow removal	sement, you must complete and return this application. Additionally, ice(s) or receipt(s) from third party service provider. All invoices or third party service provider and not the Elder. We may contact your provider for verification. Incomplete applications, applications (s), and applications received after April 15 th 2022 will not be
The completed applicatio	n with accompanying invoice(s)/receipt(s) must be returned to:
Elders Council / P.O.Box 1	80 Dowagiac Michigan 49047. Any questions call Elders Hall
(800)-859-2717 or (269)-7	82-0765
By my signing below, I ce	tify that all information provided on this application is true/correct.
Signature of Applicant:	Date:
Print Name:	